

## City Of Edina, Minnesota DEPARTMENT OF ADMINISTRATION

4801 West 50<sup>th</sup> Street, Edina, Minnesota 55424-1394 Phone □ (952) 927-8861 TDD □ (952) 826-0379 Fax □ (952) 826-0390

Applicant		<b>PUBLIC</b>	RIGHT	OF WAY	VACATION	APPLICATION	
Address    Street   City/State   Zip	Applicant _						
Telephone No	Print Name						
Telephone No	Address	Street		City/	State		
I hereby petition the City Council of the City of Edina to vacate all of the following described public right of way pursuant to M.S. 412.851 and Edina Code Section 24-191:  Street					•		
Drainage Easement  Other  Legal description of the area proposed to be vacated (Please note all legal descriptions shall be transmitted electronically in a Word documents to the City of Edina City Clerk: Dmangen@edinamn.gov):  Does the area proposed to be vacated or any part thereof terminate at or abut upon any public water?  Yes  No  Please note if the area requested to be vacated terminates at or abuts upon any public water, no vacation shall be made unless written notice of the petition is served by certified mail upon the commissioner of natural resources by the City of Edina thirty days before any Council action.  Attach a copy of a scaled drawing showing in full detail the area proposed to be vacated.  Include the vacation fee of \$450.00 with your application.  THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may							
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Department of Revenue your MN Tax ID Number and Social Security Number. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, Department of Public Safety, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates you understand these rights.							
I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:							
AddressTelephone Number	Address_						

04/21/2014 Account No. 1001.4391

Date Initiated \_\_\_\_\_ Signature\_